



County of San Bernardino

F A S

STANDARD CONTRACT

FOR COUNTY USE ONLY

<input type="checkbox"/> New	Vendor Code		SC	Dept. OOA	A	Contract Number 02-565 A-1	
<input checked="" type="checkbox"/> Change							
<input type="checkbox"/> Cancel							
County Department Aging and Adult Services			Dept. OOA	Orgn. SYW	Contractor's License No.		
County Department Contract Representative Jacki Baxter			Telephone 388-0259		Total Contract Amount \$315,907		
Contract Type <input type="checkbox"/> Revenue <input checked="" type="checkbox"/> Encumbered <input type="checkbox"/> Unencumbered <input type="checkbox"/> Other:							
If not encumbered or revenue contract type, provide reason:							
Commodity Code		Contract Start Date July 1, 2002	Contract End Date June 30, 2004	Original Amount \$175,628	Amendment Amount \$140,279		
Fund AAF	Dept. OOA	Organization SYW	Appr. 200	Obj/Rev Source 2445	GRC/PROJ/JOB No.	Amount \$315.907	
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount	
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount	
Project Name Health Insurance			Estimated Payment Total by Fiscal Year				
Counseling and			FY 02/03	Amount \$175,628	I/D I	FY	Amount
Advocacy Program			03/04	\$140,279	I		

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, Department of Aging and Adult Services, hereinafter called the County, and

Name

Inland Agency

hereinafter called "Contractor"

Address

6296 River Crest Drive, Suite L

Riverside, CA 92507

Phone

Birth Date

(909) 697-6565

Federal ID No. or Social Security No.

23-7058717

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 1

It is hereby agreed to amend Contract No. 02-565 as follows:

Section II. Contractor Service Responsibilities

Paragraph A.8. is amended as follows:

- The Program Manager or his/her representative shall attend three (3) CDA sponsored training sessions or conferences conducted each fiscal year (in addition to State sponsored Counselor training sessions conducted in the local area), in order to maintain program knowledge, efficiency, and competency (CDA HICAP Program Manual).

Paragraph A.11. is amended as follows:

11. Maintain and keep the CDA HICAP Program Manual and related CDA requirements up to date so all responsible persons have ready access to standards, policies, and procedures (CDA HICAP Program Manual).

Paragraph A.19. is added as follows:

19. During Fiscal Year 2003/2004, July 1, 2003 through June 30, 2004, Contractor shall provide HICAP services to a minimum of 2,000 qualified seniors and disabled adults through individual counseling, advocacy and community educational services about Medicare managed care plans, supplemental and long-term care insurance.

Section III. General Provisions

Paragraph O.3.c. is added as follows:

- c. A written "Report of Suspected Dependent Adult/Elder Abuse" (SOC 341) must be submitted within two (2) working days of making the telephone report to the responsible agency, as defined in Section O., Paragraph 4.

Paragraph R is deleted.

Section V. Fiscal Provisions

Paragraph A. is amended as follows:

- A. The maximum amount of reimbursement available under this Contract shall not exceed \$315,907, with \$175,628 available July 1, 2002 through June 30, 2003 and \$140,279 available July 1, 2003 through June 30, 2004, and shall be subject to the availability of funds to the County.

Section VIII. Term

Paragraph A. is amended as follows:

- A. This Contract is effective as of July 1, 2002, and is extended from its original expiration date of June 30, 2003, to expire on June 30, 2004, but may be terminated earlier in accordance with Section IX. of this Contract.

Section X. General Provisions

Paragraph A. is amended as follows:

- A. When notices are required to be given pursuant to this Contract, the notices shall be in writing and mailed to the following respective addresses listed below.

Contractor: Inland Agency
Attn: Ann Kasper, Program Manager
6296 River Crest Drive, Suite I
Riverside, CA 92507

County: County of San Bernardino
Human Services System
Attn: Contracts Unit

150 S. Lena Road
San Bernardino, CA 92415-0515

For Insurance information only: County of San Bernardino
C/o Insurance Compliance
P.O. Box 12010-CB
Hemet, CA 92546-8010

ATTACHMENT A

Attachment A, "Budget Summary, FY 03/04" is added to this contract.

All other terms and conditions of Contract No. 02-565, shall remain the same and are incorporated herein by reference.

This amendment shall become effective upon execution by both parties.

COUNTY OF SAN BERNARDINO

► _____
Dennis Hansberger, Chairman, Board of Supervisors

Dated _____

SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD

Clerk of the Board of Supervisors
of the County of San Bernardino.

By _____
Deputy

Inland Agency
(Print or type name of corporation, company, contractor, etc.)

By ► _____
(Authorized signature - sign in blue ink)

Name _____
Linda Dunn
(Print or type name of person signing contract)

Title _____
Executive Director
(Print or Type)

Dated _____

Address _____
6296 River Crest Drive, Suite L
Riverside, CA 92507

Approved as to Legal Form

Reviewed by Contract Compliance

Presented to BOS for Signature

**Auditor/Controller-Recorder
Use Only**

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By

►

Phebe W. Chu, Deputy County Counsel
Date _____

►

Lori Ciabattini, HSS Contract Administration
Date _____

►

Mary R. Sawicki, Director
Date _____

***Auditor/Controller-Recorder
Use Only***

<input type="checkbox"/> Contract Database		<input type="checkbox"/> FAS	
Input Date		Keyed By	

